

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 764991	RECEIPT DATE:	01 / 23 / 01
IA NUMBER:	PCT/ JP99 / 03950	IA FILING DATE:	07 / 23 / 99
FAMILY NAME:	SASAKI	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	MIYUKI	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	07 / 24 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P20481	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	007055	TELEPHONE 7037161191
			FAX 7037161180
NAME:	GREENBLUM & BERNSTEIN		
STREET:	1941 ROLAND CLARKE PLACE		
CITY:	RESTON		
STATE/COUNTRY:	VA	ZIP:	20191
EMAIL:			
APPLICATION TITLES:			
	DATA STORAGE MEDIUM DATA RECORDING AND REPRODUCING METHOD AND DATA REC		
	ORDING AND REPRODUCING APPARATUS		

TAB TO LAST POSITION,PUSH SEND

Best Available Copy



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Bib Data Sheet

CONFIRMATION NO. 4070

<b>SERIAL NUMBER</b> 09/764,991	<b>FILING DATE</b> 01/23/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> P20481
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**APPLICANTS**
 Miyuki Sasaki, Moriguchi-shi, JAPAN;  
 Yoshiho Goto, Osaka-shi, JAPAN;  
 Yoshihisa Fukushima, Osaka-shi, JAPAN;
**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/JP99/03950 07/23/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***
 JAPAN 10-208902 07/24/1998  
 JAPAN 10-252161 09/07/1998

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 02/28/2001**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 17
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: <u>[Initials]</u>				

**ADDRESS**

7055

**TITLE**

Information recorded medium, information recording/reproducing method, and information recording/reproducing device

<b>FILING FEE RECEIVED</b> 2106	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit